



Step 2: List those who will participate in your events (continued)

CG - \_\_\_\_\_

11

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

18

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

12

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

19

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

13

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

20

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

14

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

21

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

15

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

22

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

16

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

23

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

17

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

24

Name (print or type)

Number and street, city, state, ZIP

Social Security number

Date of birth

Step 3: Sign below

I hereby certify under penalties of perjury that the individuals listed above are bona fide members, volunteers, or employees of the licensed organization; that none of them participated in the management or operation of more than four charitable game events within

the calendar year; and that none of them will receive any remuneration or compensation directly or indirectly for participating in the management or operation of any charitable game event conducted by the licensed organization.

Presiding officer \_\_\_\_\_ Date \_\_\_\_\_

Secretary \_\_\_\_\_ Date \_\_\_\_\_

